Southern Missouri District Royal Rangers

ADULT BACKGROUND CHECK APPLICATION & AUTHORIZATION

**** CONFIDENTIAL ****

This application is required of all adults participating in overnight district events involving minors. This information is necessary to enable our district to provide a safe and secure environment for all who participate in our district programs and use our facilities, including both you and the children & youth we serve.

PERSONAL INFORMATION

Full Legal Name: _____ Maiden Name (if any): _____

Home Address: _____

City, State, Zip: _____

Marital Status: ☐ Married ☐ Single/Not Married Name of Spouse _____

Phone Number: _____ Phone Type: ☐ Home ☐ Work ☐ Mobile ☐ Other

Email Address: _____

CHURCH INFORMATION

Name & city of the church you currently attend: _____

How long have you attended there? _____

Are you a credentialed minister with the Assemblies of God? ☐ Yes ☐ No

If yes, provide district & level of credentials: _____

CHILDREN & YOUTH PROTECTION POLICIES

The following policies reflect our commitment to provide protective care for all children, youth, and volunteers who participate in church sponsored activities.

- Adults who have been convicted of either child sexual or physical abuse should not volunteer service in any church sponsored activity or program for children or youth.
- Volunteers must observe the "two-worker" rule. A minimum of two workers (one of which should be at least 18 years of age) shall be present during any children/youth activity. No worker should never be alone with a child/youth.
- Volunteers should immediately report any behaviors which seem abusive or inappropriate to the District Royal Rangers Director.
- Volunteer staff do not, under any circumstances, practice physical/corporal punishment or militant, demeaning procedures with the children.

Your signature at the end of this document affirms your understanding of these standards and your agreement to abide by them, as well as all other stated polices of our district Royal Rangers program.

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? ☐ Yes ☐ No If yes, please explain: _____

_____

_____

ADULT CRIMINAL BACKGROUND CHECK AUTHORIZATION

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of volunteer worker assignment is true and complete to the best of my knowledge.

I hereby authorize the leadership over me to investigate all statements contained in this application to determine my suitability for volunteer assignment and otherwise investigate my character, reputation, personal characteristics, work habits, performance, experience, skills and/or abilities. My district and its agents/representatives are also authorized to verify information and conduct any investigation into my personal, motor vehicle, and employment history, and request any records related thereto, and to request and receive all criminal history record information pertaining to me.

I hereby hold harmless all persons, organizations, and agencies who provide my district with any information, and such entities or persons are hereby fully released from any and all claims and damages that may be connected with their release of any of the information they provide. Furthermore, I do hereby agree to forever release, indemnify, and hold harmless my district, their agents, representatives and assigns to the full extent permitted by law, from any claims, damages, losses, liability, costs, and expenses or any other charge or complaint related to this authorization and the retrieving and reporting of information.

I hereby request a criminal background check and the release of any information which pertains to any record of convictions in its files or in any criminal file maintained on me whether local, state, or national. I hereby release any criminal law enforcement agency from any and all liability resulting from such disclosure. Any person or entity relying on this request may rely on a photocopy or facsimile as if it were an original

Social Security Number: _____ Date of Birth: _____

Place of Birth: _____ Current County of Residence: _____

Do you have a current driver's license? ☐ Yes ☐ No

If yes, give number, type, & state of issue: _____

APPLICANT'S CERTIFICATION

The facts set forth above in this application are true and complete. I understand that, if I am assigned as a volunteer worker, any false statements on this application or omission of information from this application shall be considered sufficient cause for dismissal. Should my application be accepted, I agree to be bound by the Bylaws and policies of the district and to refrain from unscriptural conduct in the performance of my services on behalf of the district.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

SIGNATURE of APPLICANT: _____ **DATE:** _____

Mail completed applications to:
Southern Missouri District Royal Rangers
528 W Battlefield Road
Springfield, MO 65807